

## DEPENDENT COORDINATION OF BENEFITS POLICY

In accordance with the State of Delaware Group Health Insurance Program (GHIP) Eligibility and Enrollment Rules, Sections 2.01, 2.02 and 2.03, the following policies apply to Coordination of Benefits for Dependent Children.

➤ **Dependent Coordination of Benefits forms must be completed for each enrolled dependent regardless of age, upon:**

- Enrollment in other health coverage,
- Any time other health coverage changes, or
- Upon request by the Statewide Benefits Office, Highmark Delaware or Aetna.
- For additional information and the appropriate Aetna and Highmark Delaware forms, go to:

**Aetna Members:**

<http://ben.omb.delaware.gov/medical/aetna>

**Highmark Delaware Members:**

<http://ben.omb.delaware.gov/medical/bcbs>

➤ **When a dependent child has access to health coverage through his or her own employer:**

- If a dependent child is also a benefit eligible employee of the State of Delaware or of a group designated through Delaware code to participate in the GHIP, the dependent child may enroll in his/her own State health care plan **OR** can be covered by the parent who is a benefit eligible employee/pensioner. The dependent child cannot be enrolled in both plans as duplicate coverage is not permitted per the Group Health Plan Eligibility and Enrollment Rules.
- If a dependent child has coverage through his/her employer other than the State of Delaware or a participating group, the employee/pensioner may also cover the dependent child. In this case, the child's coverage through his/her employer will be primary (will pay first) and the State of Delaware coverage will be secondary.
- A Dependent Coordination of Benefits form must be submitted to the health plan carrier to determine which coverage will process first.
- If a Dependent Coordination of Benefits form is not submitted to the health plan carrier by May 28, 2014, the carrier will continue to process coverage in accordance with the Adult Dependent Coordination of Benefits Form submitted during the 2013 Open Enrollment period.

➤ **When a dependent child is married and has coverage through a GHIP plan as a dependent child and also through his/her spouse's employer other than the State of Delaware or a participating group in the GHIP, the primary plan is the plan that has been in place the longest.**

➤ **When both parents of a dependent child are covered under separate GHIP plans, only one parent may cover the child, as duplicate coverage is not permitted under the GHIP Eligibility and Enrollment Rules.**

➤ **Dependent Children who are covered under a GHIP plan through one parent and under an employer plan that is not under the GHIP through the other parent:**

- The primary plan will be the plan of the parent with the earlier birthday during the calendar year.
- If the parents are divorced and a court order requires one parent to provide health care coverage, the named parent's coverage will be primary.

**Additional information and situations are included in the GHIP eligibility and enrollment rules, available on the Statewide Benefits Website at <http://ben.omb.delaware.gov/> under Documentation.**